

**Powell-Deer Lodge-Granite
County FSA**
1002 Hollenback Rd, Suite B
Deer Lodge, MT 59722
Phone: (406) 846-2337
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County Committee Members

Steve Graveley – LAA 1-1
Barb Conn – LAA 1-2
Marlin Gilman – LAA 1-3
Carl Johnson – LAA 1-4
Phil Ralston – LAA 1-5

FSA Office Personnel

Gary Thompson – ext. 233
Sandra Witt – ext. 232

Dates to Remember

May 15-July 15 – FSA State
Committee established Primary
Nesting Season for CRP

May 15-August 1 – Primary Nesting
Season for CRP contracts affected by
the National Wildlife Federations
settlement agreement with FSA

June 15 – COC Nominations Open

Notice of Loss – filed within 15
calendar days of the natural disaster
occurrence or the date the damage to
the crop or loss of production was
apparent

July 15 – deadline to provide 2007
production for NAP APH

July 15 – 2007 NAP Application for
Payment Deadline

July 15 – Acreage report deadline

July 18 – LIP/LCP Deadline

August 1 – Deadline for
reconstitutions

September 30 – October 1 – Women
Stepping Forward for Agriculture



Powell-Deer Lodge-Granite County

June 2008 Newsletter

Livestock Compensation Program (LCP) Deadline Date

**The deadline date for the 2005-2007 Livestock Compensation
Program (LCP) has been set for July 18, 2008.**

LCP provides payments to eligible livestock owners and cash lessees who suffered feed losses or increased feed costs because of a natural disaster.

Signup began on September 10, 2007 which provides aid to livestock producers who suffered eligible livestock or livestock feed losses between January 1, 2005 and December 30, 2007 because of a natural disaster.

As a result of recent procedural changes made in the Disaster Aid Program, **Powell County and Granite County** producers are eligible for the Livestock Compensation Program for the 2007 year.

To be eligible for LCP, producers must have:

- Either owned or cash-leased eligible livestock (but not both for the same livestock) on the beginning date of the applicable disaster periods (s); and
- Suffered an eligible feed loss from produced or purchased forage or feed, or incurred additional feed costs as a result of an eligible disaster event (s) during the applicable disaster period (s) and the feed lost or additional incurred feed costs were intended for use with eligible livestock.

For more information or to sign up, please contact our office.

For detailed explanations of eligible livestock and eligibility requirements, logon to the Montana FSA website at <http://www.fsa.usda.gov/mt>.



Powell-Deer Lodge-Granite County Committee Nominations

A county or area served by the COC is divided into local administrative areas (LAA). Each LAA is represented by one member on the county committee. ***As a county committee member you are the local voice of how FSA programs are administered to meet your local community and resource needs.***

The Powell-Deer Lodge-Granite County Committee has 5 LAA's.

LAA 1-1; all land in Powell County north of Township 11 N.

LAA 1-2; all land in Granite County north of Township 8 N.

LAA 1-3; all land in Powell County south of Township 12 N, and north of Boulder River Rd east of Deer Lodge and north of Township 7 N to the west of Deer Lodge.

LAA 1-4; all land in Powell and Deer Lodge Counties south of Boulder River Road to the east of Deer Lodge, and south of Township 8 N to the west of Deer Lodge, and east of Range 11 W.

LAA 1-5; all land in Granite County south of Township 9 N and all land in Powell and Deer Lodge Counties west of Range 10 W, and south of Township 8 N.

Beginning **June 16, 2008**, nominations are being accepted for candidates for County Committee (COC) positions. LAA 1-1 will be holding an election this year.

The nominee must sign the nomination form in order to be nominated as a COC member.

A nomination form is attached to this newsletter, is available at the county office or by logging on to the Montana FSA website at: <http://www.fsa.usda.gov/mt>.

Nomination forms must be submitted to the FSA county office by **August 1, 2008**.

Ballots will be sent to eligible voters beginning November 3, 2008. The final day for voters to submit their voted ballots is December 8, 2008.

Filing a Non-insured Crop Disaster Assistance Program (NAP) Notice-of-Loss

To qualify for assistance under NAP, production losses or prevented planting must have occurred as a result of an eligible cause of loss. An eligible cause of loss is any of the following:

- damaging weather, such as drought, freeze, hail, excessive moisture, or excessive wind; or
- adverse natural occurrences, such as earthquake or flood; or
- a condition related to damaging weather or an adverse natural occurrence, such as excessive heat, disease or insect infestation.

Wildlife damage and weeds are **not** considered eligible causes of loss under NAP.

A notice of loss must be provided within 15 calendar days after the:

- disaster occurrence or date damage to the specific crop acreage is apparent to the producer for yield losses;
- final planting date for prevented planting.

If a Notice-of-Loss is filed prior to the final planting date established for the specific crop, the producer is expected to replant the crop. If the Notice-of-Loss is filed after the established final planting date and the intent is to reseed to another crop intended for harvest, such as barley for grain, which is covered under crop insurance, a NAP payment cannot be received on the original failed crop.

Montana is not a double cropping state. If the intent is to destroy the crop, summer fallow it, or reseed to another crop **not** intended for harvest, representative strips must be left in the field so that a loss adjuster can be sent out closer to normal harvest time to appraise the original seeded crop. In this situation, the original seeded crop would still be eligible for a payment.

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Form Approved - OMB No. 0560-0229

FSA-669A
(02-25-08)U.S. Department of Agriculture
Farm Service Agency**NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION**

1. NAME OF NOMINEE (Type or print Nominee's Full Name)

TO BE COMPLETED BY COUNTY FSA OFFICE

2. ADDRESS OF NOMINEE

5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)

3. NOMINEE'S CERTIFICATION*I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.*☐ I DO want to witness the settling of tied votes with another nominee.☐ I DO NOT want to witness the settling of tied votes with another nominee.

6A. COUNTY

6B. LAA NO.

7. STATE

4A. SIGNATURE OF NOMINEE

4B. DATE (MM-DD-YYYY)

**DATE OF ELECTION IS 1st MONDAY OF DECEMBER
OF EACH CALENDAR YEAR****8. TO BE COMPLETED BY NOMINEE**

VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

ETHNICITY☐ Hispanic or Latino
☐ Not Hispanic or Latino**RACE (Choose as many boxes as applicable)**☐ America Indian or Alaska Native
☐ Asian
☐ White
☐ Black or African-American
☐ Native Hawaiian or Other Pacific Islander**GENDER**☐ Male
☐ Female**INSTRUCTIONS FOR COMPLETING THIS FORM**

Complete the form as follows:

ITEM 1 Type or Print the nominee's full name. The nominee must be:

- A. Eligible to vote in the designated County FSA Committee election.
- B. Eligible to hold the office of County FSA Committee member.
- C. Willing to serve if elected.

ITEM 2 Enter the nominee's current address.**ITEM 3** The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.**ITEM 4** The nominee must sign and date.**ITEM 8** Completing this item is voluntary.**ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.**

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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2007 Census of Agriculture

It is not too late to turn in your Census of Agriculture. USDA's National Agricultural Statistics Service (NASS) wants everyone who received a census form to return the form or call NASS toll free at 1-888-424-7828. Even if you are a landlord or have a few chickens or a horse, NASS wants to account for your form. Your information can be taken over the phone by calling the toll-free number.

For further information contact the Montana Ag Statistics Service at 1-800-835-2612.

Direct TV Transition

On February 17, 2009 all full-power television stations in the United States will stop broadcasting in analog and switch to 100 percent digital broadcasting. Digital broadcasting promises to provide a clearer picture and more programming options and will free up airwaves for use by emergency responders. This will require all analog TV's to be converted to digital.

Congress has created the TV Converter Box Coupon Program for households wishing to keep using their analog TV sets after February 17, 2009. The Program allows U.S. households to obtain up to two coupons, each worth \$40 that can be applied toward the cost of eligible converter boxes. A TV connected to cable, satellite or other pay TV service does not require a TV converter box from this program.

Please log on to the Montana FSA website at <http://www.fsa.usda.gov/mt> and click on the website for the HDTV \$40 coupon offer to apply for a coupon or learn more about the program.